wax, hypromellose, polyethylene glycol, titanium dioxide, and purified water.

Depo-Provera Metabolism

Administration. Norgestimate is rapidly and completely metabolized by first-pass metabolism. Excretion is mainly in the urine, with less than 1% as unchanged drug. Norgestimate clearance is a function of body weight. The drug is distributed to the tissues and there is no accumulation in preclinical studies. The metabolic products of norgestimate are excreted in the urine as a single conjugate, 17α-glucuronide. The metabolites mainly result from 17α-hydroxylation and 17,20-lyase activity and, to a lesser extent, from N-dealkylation and 3α-hydroxylation.

Oral contraceptives are highly effective for pregnancy prevention. Table 2 lists the typical accidental pregnancy rates for users of combination oral contraceptives and Depo-Provera Lo Tablets.

Table 2: Percentage Of Women Experiencing An Unintended Pregnancy

<table>
<thead>
<tr>
<th>Method</th>
<th>Third-Year Rate (True Use Efficacy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norgestimate oral contraceptives</td>
<td>3%</td>
</tr>
<tr>
<td>Depo-Provera Lo Tablets</td>
<td>1%</td>
</tr>
</tbody>
</table>

This represents an overall use-efficacy of 99% for Norgestimate and 98% for Depo-Provera Lo Tablets.

Oral contraceptive agents are indicated to rule out pregnancy or malignancy. If pathology has been ruled out, the patient should be instructed to continue using the contraceptive method for an additional 28 days. If pathology has been not ruled out, the patient should be referred to a qualified individua. New acceptors of oral contraceptive agents should be started on a progestogen that is compatible with a low failure rate and the needs of the individual patient. New acceptors of oral contraceptive agents should be started on combination oral contraceptive use regardless of a woman's reproductive history and who use it immediately after an abortion. If feasible, oral contraceptives should be started 5 days after a pregnancy termination with the use of oral contraceptives (see WARNINGS section).

Hormonal contraceptives have been shown to increase blood pressure among users (see section 9 in the prescribing information).

Sex hormone binding globulins are increased and result in elevated levels of total and free testosterone. Small amounts of oral contraceptive steroids have been identified in the milk of nursing mothers who use oral contraceptives. Oral contraceptives have been shown to increase the risk of benign breast disease (adenomas) and breast cancer. Oral contraceptives have been shown to increase the risk of benign liver tumors (Hepatic adenomas or liver tumors) and liver cancer. Oral contraceptives have been shown to increase the risk of peripheral venous and arterial thrombosis (including ischemic heart disease, cerebral vascular accidents, and peripheral arterial occlusive disease), and the risk of myocardial infarction and stroke.

Adjuvant hormonal therapy (sequential oral contraceptive therapy) is generally contraindicated for women greater than 35 years of age who smoke or have other risk factors for coronary artery disease. All women who smoke should be strongly advised to quit smoking. Women who have increased risk factors for atherosclerosis or vascular disease should be carefully evaluated before starting oral contraceptives. Women with a history of venous thromboembolism, arterial thromboembolism, or migraine headaches with visual aura are at increased risk for thrombosis and should be carefully evaluated before starting oral contraceptives. The patient and physician should consider the risks and benefits of oral contraceptives before initiating therapy in women with a history of venous thromboembolism, arterial thromboembolism, or migraine headaches with visual aura.

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Oral contraceptives have been shown to increase the risk of breast and cervical cancers, a cause-and-effect relationship has not been established. The Committee on Safety of Drugs has not considered the possibility that the use of oral contraceptives may have contributed to the increased mortality rates of breast cancer in women 45 years of age and older in the spontaneous abortion and birth defects registry. These studies included women with breast and cervical cancers treated with oral contraceptives and women with breast and cervical cancers treated with other agents. The Committee on Safety of Drugs has not considered the possibility that the use of oral contraceptives may have contributed to the increased mortality rates of breast cancer in women 45 years of age and older in the spontaneous abortion and birth defects registry. These studies included women with breast and cervical cancers treated with oral contraceptives and women with breast and cervical cancers treated with other agents.

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These benign liver tumors can rupture during pregnancy. Oral contraceptives do not protect against transmission of HIV (AIDS). Your doctor or healthcare provider may need to adjust the dose of lamotrigine. Lamotrigine is also used for epilepsy. This may increase the risk of seizures.